

● PRINTER RUSH ●

(PTO ASSISTANCE)

ZFW

Application : <u>10/028553</u>	Examiner : <u>Gulakowski, R</u>	GAU : <u>1712</u>
From: <u>[Signature]</u>	Location: <u>IDC</u> FMF FDC	Date: <u>7/13/05</u>
Tracking #: <u>6115660</u>		Week Date: <u>6/13/05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>03-14-2005</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency: original claim 11 depends upon canceled original claim 10. Please resolve.

Thank you,
[Signature]

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04